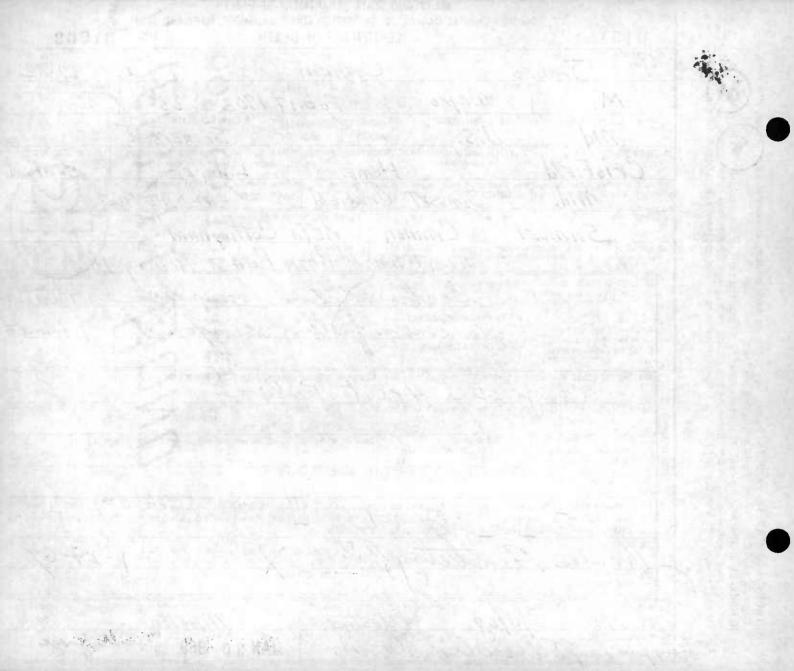
01516	DIAISION OF ALLYF KECOKDS	, 301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH		01509
1. DECEASED NAME (Type or print)	Middle MES	CANNON	2g. DATE OF DEATH Month	Pay Year 69 8 N
3. SEX	4. RACE MEGTO	S. DATE OF BIRTH FEB. 17, 1		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7o. BIRTHPLACE (Stote or foreign country)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH SOME(SE	7 Md
OCTISFIELD	11. NAME OF HOSPITAL OR II give street oddress)	HomE during	UAL OCCUPATION (Kind af wark do mas) af warking life, even if retire	
	sed lived, if institution: Residence before 13b. COUNTY SomuSET		NO ASOUTY	AUE
14. FATHER'S NAME First SAME	VEI CANN	on SETA C	otting ham	e Lost
16a. WAS DECEASED EVER IN U.S. ARI Yes, na, ar uslanown) (If yes give to	MED FORCES? war or dates al service) 16b. SOCIAL SECURITY 214-03-75		EH Asbur	Y AUE,
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While Nat while		ACTORY.) 21f. LOCATION Street at R.F.D. N	lo. City or Tawn	County State
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causes stated abav 22b. SJB VATURE	e, (I) (we) (did) (did nat) view th	B.D ATTENDING > 1	MED. STAFF	22c. DATE SIGNED
220. PHYSICIAN'S NAME (Type)	H. secure	DEGREE PHYS. 22e. ADDRESS	MED. STAFF DIRECTOR PHYS.	1-29-6/
	DATE 23c. NAME O	F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
24. FUNERAL DIRECTOR	2-14/69 ADDRES	UESIEY	1 1 1 1 7 1 1 1 1 1 1	CAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH



		STATE DEPARTMENT OF HEALTH	
6		01 W. PRESTON STREET, BALTIMORE, MAR	
		RTIFICATE OF DEATH	01510
death.	1. DECEASED NAME First Middle (Type ar print) William W.	Holland 20. DATE OF	DEATH Month Day Day Gear 2b. HOUR REAL AND Day Day Day Day Day Day Day D
after death The funeral	Male 4. RACE White	S. DATE OF BIRTH 6-4-1889	6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
4 hours 1 in 15 Pers. Pa		MARRIED NEVER MARRIED 9. COUNTY OF WIDOWED DIVORCED 9.	DEATH
200	O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTE give street address)	TUTION (If not in haspital 12a. USUAL OCCUPATION ((Kind of work done 12b. KIND OF BUSINESS OR
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complete v complete v complete v carl	Indexican STATE A 4.	Sc. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STR	EET AND NUMBER
be executed and continually in any	14. FATHER'S NAME First Middle Lost William S. Hollaws	15. MOTHER'S MAIDEN NAME First	Middle Days Henty
rificate hysician n pleas val, and	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknawn) (If yes give war or dates at service) 16b. SQCIAL SECURITY NO.		CAUEADOST. CLAIRE
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban p shauld be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any event, within	18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) Stating the underlying cause last. (c) OR AS A CONSEQUENCE OF (c)	Vescular Accider	APPROXIMATE INTERVAL BETWEEN ORSET AND GEATH J Coff scoleraster Audifficient
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. af Health priar to burial, crenshauld be filed with the State Dept.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFO 21a. ACCIDENT WAS UNDERLYING 12b. TIME OF INJURY	Q Mumania DRMED 200. AUTOPSY? 20b. 1F	IN PART I(a) YES, WERE FINDINGS CONSIDERED IN CERTIFYING OF DEATH?
SICIAN: spital ar ertificate ed far u	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury	
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OR ATENDING PHYSICIAN: De retained by the haspital ar NIRECTOR: After this certificate 8 shauld be detached far u ed with the State Dept. af Heal	22a. I certify that (I) (this haspital) attended the deceased saw the deceased alive an 19 causes stated abave, (I) (we) (did) (did nat) view the ba	fram, and that in (my) (aur) apinian death addy after death.	ccurred an the date and haur and fram the
OR AT OR AT DIRECTO S sh ed with	22b SIGNATURE	DEGREE ATTENDING MED. DIRECTOR	STAFF PHYS. 22c. DATE SIGNED
SPITAL 4 may ar, pag d be fil	22d. Physician's NAME (Type) James A. Sterling, Ci	risfield, Maryland	
TO HO! Page 4 To FUN direct	BURING 2-3-69 MEADON	RIDGE EKEL	N (City ar Tawn) (Caunty) (Stage) DORE HOWARD MD-
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13b. COUNTY Somerset Crisfield YES NO 103 N. First St. 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Mae 16o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 218-20-74.06 Jackie Laird, Gandy Lane, Crisfie 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF ISSTEED Local Was been described in mediate cause (o). Social Security NO. DUE TO, OR AS A CONSEQUENCE OF ISSTEED Local Was UNDERLYING DUE TO, OR AS A CONSEQUENCE OF ISSTEED CAUSES OF DEATH? DUE TO, OR AS A CONSEQUENCE OF ISSTEED CAUSES OF DEATH? DUE TO, OR AS A CONSEQUENCE OF ISSTEED CAUSES OF DEATH? DUE TO, OR AS A CONSEQUENCE OF ISSTEED CAUSES OF DEATH? DUE TO, OR AS A CONSEQUENCE OF ISSTEED CAUSES OF DEATH? DUE TO, OR AS A CONSEQUENCE OF ISSTEED CAUSES OF DEATH? DUE TO, OR AS A CONSEQUENCE OF ISSTEED CAUSES OF DEATH? DUE TO, OR AS A CONSEQUENCE OF ISSTEED CAUSES OF DEATH? DUE TO, OR AS A CONSEQUENCE OF ISSTEED CAUSES OF DEATH? DUE TO, OR AS A CONSEQUENCE OF ISSTEED CAUSES OF DEATH? DUE TO, OR AS A CONSEQUENCE OF ISSTEED CAUSES OF DEATH? DUE TO, OR AS A CONSEQUENCE OF ISSTEED CAUSES OF DEATH? DUE TO, OR AS A CONSEQUENCE OF ISSTEED DUE TO, OR AS A CONSEQUENCE OF ISSTEED DUE TO, OR AS A CONSEQUENCE OF ISSTEED DUE TO, OR AS A CONSEQUENCE OF INJURY DUE	Crisfield	dy M	give street oddress) MCCTea	TITUTION (If not in hospital Memo,	120. USUAL OCCUPATI during most of working Housewii	ON (Kind of work done ng life, even if retired.)	I 2b. KIND OF BUS
Frank W. Abbott Alice Mae 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 218-20-7406 17. INFORMANT Jackie Laird, Gandy Lane, Crisfie 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove itse to immediate couse (a). stoling the underlying couse (b) DUE TO, OR AS A CONSEQUENCE OF Lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o) 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPS? YES NO CAUSES OF DEATH? 190. DATE OF OPERATION 210. TIME OF INJURY HOUR AM. Month Doy Yeor P.M. 190. TIME OF INJURY OCCURRED 210. AUTOPS? 21d. INJURY OCCURRED 210. PLACE OF INJURY (A HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Could the deceased drive an Longues stated above, (I) (this hospital) attended the deceased fram 199 and that in (my) (our) opinion death accurred on the dote on causes stated above, (I) (we) (did) (did not-view the body ofter deoth. 220. BURBAL, CREMATION. 23b. DATE 23c. RAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Could Could Could Could Could Could City or Town) (Could Could Could Could Could City or Town) (Could Could	odmission) STAT Maryla		13b. COUNTY Somerset				t.
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c). 19. CAUSE OF DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c). 19. CAUSE OF DEATH WAS CAUSED BY: 19. CAUSE OF DEATH WAS CAUSED BY: 19. DATE OF OPERATION 19b. CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDER CAUSES OF DEATH? 19. CAUSE O	14. FATHER'S NAME First		Middle Lo				
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor 19 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Countries of work 22a. Certify that (I) (this hospital) attended the deceased fram 1967, ta 7-10, 1969 19 , and that in (my) (our) opinion death accurred on the date on causes stated above, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE STAFF DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. Crisfield, Md. 23b. BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Countries of the countries of the	rise to immediate couse stating the underlying co- lost. PART 2. OTHER SIGNIFICAN		(c)	OT RELATED TO THE TERMINAL I	DISEASE OR CONDITION G	VEN IN PART I(0)	2-9
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While Not while of work of wor	OR CONTRIBUTING CAUSE OF	eor 19	HOUR A.M. Month Doy ner) P.M.			njury in Port 1 or Port 2, Ite	em 18.)
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24 FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAL Bradshaw & Sons, Crisfield, Md. 21817 DATE AN 16 1969							

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01514 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED-NAME First Middle 20. DATE KNOWN Month (Type or Print) ESTI-ZOLA BELLE LONG Poge DEATH MATED X Jan. 20 1969 IF UNDER 1 YEAR 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 24 HOUS C Yeor 1969 Female White Sept. 5, 1893 75 7a. BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Virginia USA WIDOWED -DIVORCED [Somerset Give Pages the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done after death 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** give street oddress) Kingston Kingston None 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Marvland 13b. COUNTY Somerset Kingston RFD #1 YES NO ST tem 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle John Johnson Mary Ann Holland 24 i haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes no, or unknown) Mrs. Dorothy Marshall, RFD, Marion Station, M 213-22-6246 File 72 within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Unknown IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave Generalized arteriosclerosis Years rise to immediate couse (a), writing the word should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse . PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removol, nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES 🗍 NO | 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Poge NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection x Inquiry , and in my opinion death resulted fram: Natural causes X, Accident Undetermined manner Suicide Hamitide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1/24/69 DEPUTY MEDICAL EXAMINER 5 n. TO FUN Heolth **EXAMINER'S** C. G. RAWLEY, M. D. ADDRESS(Street, city, town, or county) NAME (Type) Crisfield. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) Burial (Specify) Jan. 22. 1969 Sunnyridge Cemetery Crisfield, Somerset, Md. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1969 VR A15ME (5) Bradshaw & Sons, Crisfield, Maryland 21817 10M REV. 1/68

MAKYLAND STATE DEPAKIMENT OF HEALTH

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1	01523 DIVISION OF VITAL RECORDS, 30	01 W. PRESTON STREET, BALTIMORE, A	MARYLAND 21201 01516
deoth.	DECEASED-NAME First Middle (Type or print) James	RTIFICATE OF DEATH Last Shores 2a. DATE	OF DEATH 2b. HOUR
3.	Male 4. RACE White	S. DATE OF BIRTH 6-18-18-99	6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. tast birthday) Manths Days Hours Min
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	4. FATHER'S NAME. First Middle Lost HARLES SHORE 6a. WAS DECEASED EVER IN M.S. ARMED FORCES? 16b. SOCIAL SECURITY NO.	IS. MOTHER'S MAIDEN NAME First	Middle Moore
burial, cremotion, or removol, ond in ony event, within 72 hours of the second of the	Yes, na, ar unknawn) Nityes give wor or dates of service) Hykwown		CRISFIELD - MA
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) Util Cardinal Stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) It is a consequence of (c).	faction, antie and total for gangrue	BETWEEN ONSET AND DEATH 10 grs + 8 grs + 5 grs -
X	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT COLOR J. Lancard S. S. — 19a. Date of Operation 19b. CONDITION FOR WHICH OPERATION WAS PERFO	ORMED 20a. AUTOPSY? 20b	S. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING USES OF DEATH?
MEDICAL CEPT		21c. HOW INJURY OCCURRED (Enter nature of i	
	While Not while at work OFFICE BUILDING, FTC. 22a. I certify that (I) (this haspital) attended the deceased saw the deceased alive an 19 causes stated abave, (I) (we) (did) (did nat) view the bar	fram, 19, ta	City ar Tawn Caunty State, 19, that (I) (we) las th accurred an the date and haur and fram the
1	226. SIGNATURE Sarah M. Peyton	DEGREE ATTENDING MED. DIRECTOR C 22e. ADDRESS	- 1113 12/5
23	NAME (Type) S. M. Peyton, M.D. Ba. EDRIAL, CREMATION, 23b. DATE 23c. NAME OF CEMPLY 27-2-69	1 - 1/6	ATION (City or Town) (County) (State) FELELL Som MD
24	FUNERAL DIRECTOR Webfu Princes	250. REC'D BY REGISTRAL	

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MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01517 CERTIFICATE OF DEATH Item 5 FilmG408 1/10/69 ts DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) B. Frank Somers, Jr. Month 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR White Male MONTHS I DAYS March 5, 1892 1893 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland USA Somerset WIDOWED [7] DIVORCED | event, within 72 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) **INDUSTRY** pau Crisfield. McCready Memo. 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN attending physician and camplet permit. Then please remave car 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Somerset Crisfield YES NO 215 Cove St. 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Lost Middle Banjamin Franklin Somers, Sr. Annie Lockerman pub 16b. SOCIAL SECURITY NO. 14d. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) (If yes give war ar dates of service) signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, 349-01-5607 Mrs. Lucy Somers, Same as 13. abcde APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar to TO HOSPITAL OR ATTENDING PHYSICIAN: The law Page 4 may be retained by the haspital ar attendin 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO T 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Not while at work 220. I certify that (1) (this hospital) attended the deceased from 10, 1962, to 1-2, 1969, that (1) (we) los sow the deceased alive on Jan, 2, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted obove, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR Crisfield, Md. 22d PHYSICIAN'S Sterling, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) (Stote) Burray (Specify) Jan 5. 1969 Sunnyridge Cemetery Crisfield, Somerset, Md. 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR A15 Bradshaw & Sons, Crisfield, Md. 21817

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01519 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2g. DATE OF DEATH 2b. HOUR death. The law requires that the death certificate be executed within 24 haurs after death pup (Type or print) Manthan. Oscar Watson. 3. SFX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Male White 57 birthday) May 28, 1911 7o. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH country) Tenn. 8. MARRIED X NEVER MARRIED USA WIDOWED [DIVORCED [Somerset 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street of Creacy Memorial Physician Physician) Cristield, 12b. KIND OF BUSINESS OR 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Virginia 13b. COUNTY Accomack Tangier YES X NO in any 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Last Oscar M. Watson. Sr. Kate Sloan pup 16g. WAS DECEASED EVER IN ILS ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) remayal, Mrs. Helen Watson, Same as 13. abcde None APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for-(a), (b), andr(c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY b IMMEDIATE CAUSE (a) burial, crematian, signed by the burial-transit Canditians, if any, which gave) rise to immediate cause (a), stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending this certificate has been as the State Dept. of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO T YES T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) a OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical exominer) 21d. INTURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while at wark at wark TO FUNERAL DIRECTOR: After 22a. I certify that (!) (this haspital) a tended the deceased fram—saw the deceased alive an_19____, a and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR director, page PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Typ). C. Kaufman. M.D. Crisfield. Md. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (State) Bur Tall (Specify) Crisfield, Somerset, Md. Sunnyridge Cemetery Jan 14, 1969 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Ocharles Bradshaw & Sons. Crisfield, Md. 21817

The teams of the t 3 5 1 LIMPS 8 14 The summer of the second of th ciars. Helen engents Jose are 13. wheen 2) opening to the France (de of Lings . A . Dinifrie Cortain 14, 196 Sunnyridin Courter, drightslei Somerces, G. See and A come, Uniched, No. 20807 - No.